

The University Of Toledo

NEW COURSE PROPOSAL

* denotes required fields

1. College*: --Select a

College--

Medicine

Department*:

--Select a Department--

Graduate School - Biomedical Science

2. Contact Person*: Keith Crist

Phone: 383-3992

(XXX-XXXX) Email:

keith.crist@utoledo.edu

3. Alpha/Numeric Code (Subject area - number)*: BID1

510

If this is a renumbering, please request an electronic copy of the old course approval through the Registrar's Office at #1865, and attach it to #16 in this form. Remember to delete the old course ID in #13.

4. Proposed Title*: Biomarkers and Diagnostics Internship

Proposed effective term: Summer 2012

5. Planned enrollment per section: per term: 2

6. Is the course cross-listed with another academic unit? Yes No

Is the course offered at more than one level? Yes No

If yes to either question, please list additional Alpha/Numeric codes, and submit a separate New Course form or Course Modification form for the course(s) referenced below.

a.

b.

c.

Approval of other academic unit (signature)

Name and title

If course is to be offered at more than one level, attach an explanation of the different requirements that students must meet for each level. If the requirements are the same for each level, justification must be provided.

7. Credit hours*: Fixed: 6 or Variable: to

8. Delivery Mode: Primary* Secondary Tertiary

a. Activity Type Internship

b. Minimum Credit Hours* 6

Maximum Credit Hours* 6

c. Weekly Contact Hours*

9. Terms offered: Fall Spring Summer

RECEIVED

APPROVED

MAR 20 2012

Will this course impact program requirements? Yes No If yes, a Program Modification must be completed.

Level (check one)*

Undergraduate

Graduate

COLLEGE OF GRADUATE STUDIES

Type of course (check all that apply):

Academic Skills Enhancement

Writing Intensive (WAC)

Honors

Univ. Core: English Hum Math Nat. Sciences Social Sciences

Multicultural: Diversity of US Culture Non-US Culture

Transfer module: Arts & Hum Engl Math Nat Sci & Phys Sub Sci
(to be considered as core curriculum, question 18 must be completed)

Administrative Use Only

Code:

Approved (senate or Grad Council)

Effective Date: / / (mm/dd/yyyy)

CIP Code:

Sub:

Prog:

Level:

Choices are: Lecture, Recitation, Seminar, Regular Lab, Open Lab, Studio, Clinic, Field, Independent Study, Workshop, Computer Assisted Instruction, Other

Years offered: Every Year Alternate Years

10. Are students permitted to register for more than one section during a term? No Yes

May the courses be repeated for credit? No Yes Maximum Hours

11. Grading System*:

<p>Undergraduate</p> <p><input type="radio"/> Normal Grading (A-F,PS/NC,PR, I)</p> <p><input type="radio"/> Passing Grade/No Credit (A-C, NC)</p> <p><input type="radio"/> Credit/No Credit</p> <p><input type="radio"/> Grade Only (A-F, PR, I)</p> <p><input type="radio"/> Audit only</p> <p><input type="radio"/> No Grade</p> <p><input type="radio"/> If course is to replace an existing, course(s) will be deleted, and when should that deletion occur?</p>	<p>Graduate</p> <p><input checked="" type="radio"/> Passing Grade/No Credit (A-C, NC)</p> <p><input type="radio"/> Grade Only (A-F)</p> <p><input type="radio"/> Satisfactory/Unsatisfactory (G only)</p> <p><input type="radio"/> Audit only</p> <p><input type="radio"/> No Grade</p>
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12. Prerequisites (must be taken before): a. [] - [] b. [] - [] c. [] - []

PIN (Permisson From Instructor) PDP (Permission From Department) Reset

Co-requisites (must be taken together): a. [] - [] b. [] - [] c. [] - []

13.

	Course to be removed from inventory	Final Term to be offered (YYYYT, i.e. use 20064 for Fall'06)
a	[] - []	[]
b	[] - []	[]
c	[] - []	[]
d	[] - []	[]

14. Catalog description* (30 words Maximum)
Supervised full time work experience in Biomarker discovery and validation in a pharmaceutical oriented company. Builds upon didactic course work.

15. Attach an electronic copy of a complete outline of the major topics covered.

Syllabus: * Choose File No file chosen

Additional Attachment 1: Choose File No file chosen

Additional Attachment 2: Choose File No file chosen

16. Where does this course fit in the University/College/Department curriculum? (Be specific by course level, if applicable). Indicate prospective

It is a required course in the Professional Science Masters program for the summer term

demand.

17.

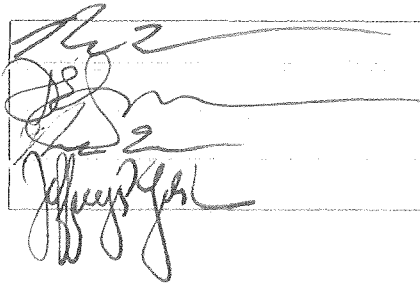
If the proposed course is similar to another course in the College or University, please describe the difference and provide a rationale for the duplication. (If this course duplicates material covered in another course within your department or college or in another college, attach a letter of endorsement from that area's dean and department chairperson indicating their support. Clarify the manner in which this course will differ).

18. If the course is intended to meet a University Undergraduate Core requirement, complete the following and submit a course syllabus using the *template*

Please explain how this course fulfills the general education guidelines. Guidelines are available in Faculty Senate Website.

Course Approval:

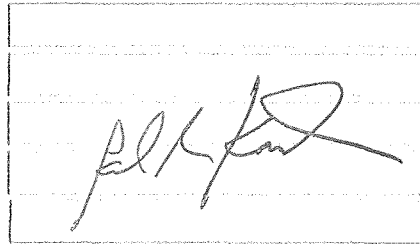
Department Curriculum Authority:
Department Chairperson:
College Curriculum Authority:
College Dean:



Date 11/2/11
Date
Date 11/2/11
Date 3-15-12

After college approval, submit the original signed form to the Faculty Senate (UH 3320) for undergraduate-level courses; for graduate-level courses submit the original signed form to the Graduate School (UH3240). For undergraduate/graduate dual-level courses, submit the proposals to each office.

Faculty Senate Undergrad. Curriculum Comm.:
Faculty Senate Core Curriculum Comm.:
Graduate Council:
Office of the Provost:
Registrar's Office:



Date
Date
Date 4 : 17 : 2012
Date
Date

Submit New Course Proposal

You will see a confirmation page after you press the "Submit" button. If you do not see the confirmation page, please call x 4320 or send an email to ProvostWebMaster@oledo.edu. Thanks.